



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Barbers
239 Causeway Street, Boston, MA 02114
www.mass.gov/reg
617-727-7406

Barber New Shop Application

BOARD USE ONLY

Investigator: _____

Date of Inspection: _____

Received By: _____

License Number: _____

Type of Shop applying for:

☐ New Shop (not previously a shop)

☐ Change of Owner (was previously a shop):

Is previous owners license attached? Yes No

If no, list the name and license # of the previous owner:

☐ Change of Address:

List old address: _____

Below to be answered and signed by shop owner:

Name of Shop Owner: _____

Last

First

Middle

License # of owner or name & license # of manager if owner is not a master barber:

Address of Shop: _____

No.

Street

P.O. Box

City/Town

State

Zip Code

Shop Name: _____

Telephone Number-Day: _____ Evening: _____

Social Security and/or F.I.D #: _____

Pursuant to M.G.L c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use it to ascertain whether you are in compliance with tax laws of the Commonwealth.

Location of Shop: ☐ Store ☐ Residence ☐ Office Building

If Shop is:

☐Individually Owned

☐Partnership

List the partners? _____

☐Incorporated (enclose Articles of Incorporation)

State where the shop is incorporated: _____

Note: If shop is incorporated be sure to have three directors sign below and attach the corporate seal and a copy of the Articles of Incorporation.

☐Corporation What is the name if different than the shop name? _____

List the officers? _____

How many apprentices are employed? _____ Attach a copy of their licenses.

Do you own any other shops in Massachusetts? ☐ No ☐ If yes, please list name and address: _____

- Do you hold any other barber license(s)/certification(s) in the United States or any country or foreign jurisdiction? Yes: ☐ (**you must submit a record of standing for each license for this application to be processed**) No: ☐
If yes, please attach a certificate of standing from each state or jurisdiction indicating the status of your license, information on any pending actions and/or any relevant disciplinary information.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Barbers to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, in accordance with the provisions of Chapter 280, Section 2, Acts of 1934, as amended, I (or we) hereby make application for the approval and inspection of a barber shop as described below; and enclose the required fee of one hundred and thirteen dollars (\$113).

Signature of Shop Owner

Date

Signature of Shop Manager

Date